MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83rd)

03223

CERTIFICATE OF DEATH

Reg. Dist. No. 190

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Howard

~~City~~ or town West Elkridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 19 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Howard

~~City or~~ town West Elkridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Katharina Buettner

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband ~~or wife~~ Leonard Buettner

6(c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Dec. 7, 1865

8. AGE:

Years	Months	Days	If less than one day
74	3	15	____ hrs. ____ min.

9. Birthplace Germany
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John Fichenscher

13. Birthplace Germany

MOTHER 14. Maiden name Katharina Korn

15. Birthplace Germany

16. Informant Mrs. Conard Herzog

Address West Elkridge, Md.

17. Burial Date thereof March 25, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or ~~crematory~~ Loudon Park Cemetery

Location Baltimore Md.

18. Funeral director Carpe + Stiffler

Address Elkridge, Md.

19. March 24 1940 (Miss) E. Bird Williams
(Date rec'd by Registrar) Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1940, at 4:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 16 1940, to March 22 1940, and that I last saw h~~er~~ alive on March 22 1940.

	DURATION
Immediate cause of death a Left Hemiplegia	3/22/40
Due to Arterial Hypertension 2,	
Due to Myocardial Insufficiency	
Other conditions Senility, Haemoptasis	3/16/40

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. B. Brumbaugh M. D.
M. D. or other

Address Elkridge Md. Date signed 3/23/40

RECEIVED
APR 3 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03224

(170-C)

Reg. Dist. No. 195

1. PLACE OF DEATH:

County Howard

City or town Savage, Md. (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County

City or town Baltimore City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1021 Carey St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME Odis Adis Copeland

3. (b) Social Security Number 216-10-6586

4. Sex: M

5. Color or race: C

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Sally Copeland

B(c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) March 19, 1898

8. AGE: Years 42 Months 0 Days 5 If less than one day ___ hrs. ___ min.

9. Birthplace Gates, North Carolina
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden name "
15. Birthplace "

16. Informant Sally Copeland.

Address 719 1/2 W. Saratoga St

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-28-40 (month) (day) (year)

Cemetery or crematory Balto National

Location Balto Md

18. Funeral director F. C. Higinbotham Jr.

Address Ellicott City Md

19. 3/27/40. 19 Frank Shipley, Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1940, at 7 15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 24 1940 to March 24 1940, and that I last saw h iss alive on March 24 1940.

Immediate cause of death: Fracture of Skull — DURATION: Acute

" Left elbow — "

Due to " Right Hip — "

Due to Accidental (auto)

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Accident Date of 3/24/40

Where did injury occur? near - Savage, Howard Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) bash. Blvd.

Means of injury Automobile Injured at work? —

23. SIGNATURE Kochwak Lewis Johnson, M.D. M. D. or other

Address Ellicott City Md Date signed 3/24/40

Acting Deputy Medical Examiner —

RECEIVED
APR 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164)

CERTIFICATE OF DEATH

03225

Reg. Dist. No. 190

1. PLACE OF DEATH:

County Howard

City or town Elkridge, Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Howard.

City or town Elkridge, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME E. Robert Crowson

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married.

6 (b) Name of husband or wife Sarah E Crowson

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18, 1867

8. AGE: Years	Months	Days	If less than one day
73	1	11	hrs. min.

9. Birthplace Havana Cuba
(Town, county, and state)

10. Usual occupation B & O RR - Retired

11. Industry or business

FATHER 12. Name Francis W Crowson

13. Birthplace England

MOTHER 14. Maiden name Agnes ?

15. Birthplace England

16. Informant Sarah E Crowson

Address Elkridge, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4-1-40 (month) (day) (year)

Cemetery or crematory Westerns

Location Baltimore

18. Funeral director F. C. Hyde Undertaking Co.

Address Ellicott City, Md.

19. March 30 1940 (Date rec'd by registrar) (Miss) E. Bird Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1940, at 9:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 29 1940, to March 29 1940, and that I last saw h- alive on March 29 1940.

Immediate cause of death	DURATION
Multiple Fractures of all Bones	acute
Concussion of Brain	
Due to (Accident)	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 3/29/40

Where did injury occur? Elkridge (City or town) Howard (County) Md (State)

Injured at home, farm, industry, public place (where?) Railroad

Means of injury Train Injured at work? No

23. SIGNATURE Ross A Fortune, MD

M. D. or other

Address Ellicott City Md Date signed 3/30/40

Acting Deputy Medical Examiner (Howard)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
APR 2 1940
BUREAU V. S.

03226

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:

County: Howard

City or town: West Elkridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Montgomery Road.

Stay in hospital or inst. (yrs., or mos., or days): ✓

Stay in this community (yrs., or mos., or days): ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County:

City or town: Elkridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Montgomery Rd.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: George F. Devan.

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: ✓

6(c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.): Febry 27. 1865

8. AGE: Years 75 | Months | Days 25 | If less than one day ___ hrs. ___ min.

9. Birthplace: Elkridge Md
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: ✓

FATHER
12. Name: James Devan
13. Birthplace: Ireland.

MOTHER
14. Maiden name: Mary Kyne
15. Birthplace: Elkridge Md.

16. Informant: Miss Julia Devan

Address: West Elkridge

17. burial (Burial, cremation, or removal. Which?) Date thereof: March 26, 1940 (month) (day) (year)

Cemetery or crematory: St Augustine Cem.

Location: Elkridge Md.

18. Funeral director: John J. Cowan & Son

Address: 901 Hollins St.

19. March 24 1940 (Date rec'd by registrar) (Miss) E. Bird Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 23rd 1940, at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mch 19 1940, to Mch 23 1940, and that I last saw him alive on Mch 23 1940

Immediate cause of death: Acute Dilitation of the Heart — DURATION: ½ hr

Due to: Chr Myocarditis — ?

Due to: General arteriosclerosis — 1938

Other conditions: Senility

(Include pregnancy within 8 months of death)

Major findings:

Of operations: ✓

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: B. B. Brumbaugh M. D. or other

Address: Elkridge Md Date signed: 3/23/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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APR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-2)

CERTIFICATE OF DEATH

1940 03227

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Howard

City or town: Glenelg
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insf. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Howard

City or town: Glenelg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Catherine E. Giffin

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife: William E Giffin

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): January 21, 1866.

8. AGE:

Years	Months	Days	If less than one day
74	2	6.	hrs. min.

9. Birthplace: Maryland.
(Town, county, and state)

10. Usual occupation: at home

11. Industry or business: —

FATHER
12. Name: Fry Hyatsley
13. Birthplace: Md.

MOTHER
14. Maiden name: Martha Thompson
15. Birthplace: Md.

16. Informant: Wm E Giffin
Address: Ellicott City Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-29-1940 (month) (day) (year)

Cemetery or crematory: St Johns

Location: Ellicott City.

18. Funeral director: J. C. Higinbotham, Jr.

Address: Ellicott City Md.

19. 3/27 (Date rec'd by registrar) 19 40 S. A. Nichols, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar 26 1940, at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 2 1940, to Mar 26 1940, and that I last saw h alive on Mar 25 1940.

Immediate cause of death: Cancer of Liver — DURATION

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: S A Nichols M. D. or other

Address: Clarksville Date signed: Mar 27

RECEIVED
APR 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03228

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U. S. No. 1

1. PLACE OF DEATH (61)

County Howard Registration Dist. No. 192

Village or City West Friendship No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Hammond Grimes If U. S. Veteran, specify WAR

(a) Residence: No. West Friendship St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	married

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary B. Grimes

6. DATE OF BIRTH (month, day, and year): April 24, 1865

7. AGE	Yeers	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	9	

OCCUPATION

8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Stock Dealer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Farm

10. Date deceased last worked at this occupation (month and year): 1928

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Howard Caunty

FATHER

13. NAME: Thomas Grimes

14. BIRTHPLACE (city or town) (State or country): Howard Co.

MOTHER

15. MAIDEN NAME: Charity Ellen Selby

16. BIRTHPLACE (city or town) (State or country): Woods Mills Howard Co.

17. INFORMANT: Mrs Mary Grimes

(Address) West Friendship

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. View Cmetery Date Mar. 18, 1940

19. UNDERTAKER: C. Harry Warfield

(Address) Sykesville Md.

20. FILED Mar. 18, 1940 Alice M. Hebb

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 15 (Dey) 1940 (Yeer)

22. I HEREBY CERTIFY, That I attended deceased from Sep. 15, 1939, to March 14, 1940

I last saw h-im alive on March 14, 1940; death is said to heve occurred on the dete stated ebove, at 5 A. m.

The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:

	Date of onset
Cerebral Thrombosis	3/13/40
Other Contributory Causes of Importence: arteriosclerosis	1928
Diabetes Mellitus	1935

Name of operetion Date of

What test confirmed diegnosis? Was there en autopsy?

23. If death was due to external causes (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Jacob R. Jensen M. D.

(Address) Sykesville Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Perilonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93rd)

03229

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:

County: Howard

City or town: Elkridge (Rural) Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Montgomery Rd

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Howard

~~City or~~ town: Elkridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Montgomery Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: George Philip Harman

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ or wife: Helen Soper Harman

6(c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): Dec 28 - 1858

8. AGE: Years: 81 Months: 2 Days: 21 If less than one day: ___ hrs. ___ min.

9. Birthplace: Elkridge Md. (near)
(Town, county, and state)

10. Usual occupation: Contractor, Retired

11. Industry or business: Builder

FATHER
12. Name: Philip T. Harman
13. Birthplace: A.A.Co. Md.

MOTHER
14. Maiden name: Eliza Jane Buckingham
15. Birthplace: Md.

16. Informant: Mrs Helen S. Harman
Address: Elkridge Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: March 22, 1940 (month) (day) (year)

Cemetery or ~~crematory~~: Meadow Ridge Memorial Park

Location: Dorsey Md.

18. Funeral director: Earp + Stiffler
Address: Elkridge, Md.

19. March 22 1940 (Date rec'd by registrar) (Miss) E. Reid Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mch 20 1940, at 8 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mch 11 1940, to Mch 20 1940, and that I last saw him alive on Mch 19 1940.

Immediate cause of death: Myocarditis, Chr. Myocardial Insufficiency Wk.

Due to: Influenza

Due to: Funeral arteriosclerosis

Other conditions: Senility

(Include pregnancy within 3 months of death)

Major findings:

Of operations: ✓

Of autopsy: no

DURATION: ? 3/11/40

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: B B Brumbaugh
M. D. or other

Address: Elkridge Md Date signed: 3/20/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 2 1940
BUREAU V. S.

03230

STATE OF MARYLAND—CERTIFICATE OF DEATH

131-E

1. PLACE OF DEATH

County Howard Registration Dist. No. 1-93

Village or City Near Glenwood No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Eliza Harrison If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Femal

4. COLOR OR RACE Collored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of August Harrison

6. DATE OF BIRTH (month, day, end year)

7. AGE Years About 62 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. House work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard co.

FATHER

13. NAME Henery Dorsey

14. BIRTHPLACE (city or town) (State or country) Howard co.

MOTHER

15. MAIDEN NAME Lucy America

16. BIRTHPLACE (city or town) (State or country) Howard co

17. INFORMANT (Address) August Harrison woodbine

18. BURIAL, ~~CREMATION OR REMOVAL~~ Place Bush Park Cem Date March 10, 1940

19. UNDERTAKER (Address) H. M. Snyder Mt Airy md.

20. FILED March 9, 1940 C. Pearl Mercin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 7, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1940, to March 7, 1940

I last saw her alive on 3/7, 1940; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cardiac Vascular	
Chronic Int Nephritis	

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. H. Barnes M. D.

(Address) Sykesville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

M

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UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1925*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93rd)

03231

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County Howard

City or town Columbia Pike
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Ellicott City, Md.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Howard

City or town Ellicott City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Columbia Pike
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Rosalba Peel Leishear

3. (b) Social Security Number: None.

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: None

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 2, 1856

8. AGE: Years 83 | Months 9 | Days 23 | If less than one day ____ hrs. ____ min.

9. Birthplace: Ellicott City, Md.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: Thomas Leishear.
13. Birthplace: Howard Co., Md.

MOTHER
14. Maiden name: Annie Partridge
15. Birthplace: Ellicott City, Md.

16. Informant: Mrs. R. W. Baker

Address: Ellicott City, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 27 1940 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: Baltimore, Md.

18. Funeral director: Easton Sons

Address: Ellicott City, Md.

19. March 27, 1940 (Date rec'd by registrar) John B. Loughran. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25th, 1940, at 5:50 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1/40 1940, to Mar 25 1940, and that I last saw h— alive on Mar 20 1940.

Immediate cause of death: Myocarditis, Chronic, Acute Dilatation of Heart

Due to: Arthritis, Chronic

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: ?

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Frank O. Miller, M. D. or other

Address: Ellicott City Md. Date signed Mar 26/40

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03232

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:
County Howard
City or town Ellicott City, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Church Road
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 18 years 5 mos

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Howard
City or town Ellicott City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Church Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Maude Beard Mumford

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Rev. Carl Mumford
B(c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) May 25

8. AGE: Years 54 | Months 9 | Days 13 | If less than one day ____ hrs. ____ min.

9. Birthplace Buckittsville Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Rev. Martin Luther Beard,
13. Birthplace Williamsport, Md.

MOTHER
14. Maiden name Katherine Bowers,
15. Birthplace Jefferson Md.

16. Informant Rev. Carl Mumford
Address Ellicott City Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 11, 1940 (month) (day) (year)
Cemetery or crematory Lutheran Church Cem.
Location Middletown, Md.

18. Funeral director Easton Sons,
Address Ellicott City, Md.

19. March 10, 1940 (Date rec'd by registrar) John S. Vaughan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9, 1940, at 4:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 9 1940, to March 9 1940, and that I last saw h er alive on March 9 1940.

	DURATION
Immediate cause of death Coronary Thrombosis	acute
Due to Coronary Sclerosis	1 yr.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
0t operations
0t autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Howard S. Sullivan M.D.
M. D. or other
Address Ellicott City Md Date signed 3/10/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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APR 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03233

1. PLACE OF DEATH 93-d

County Howard Registration Dist. No. 194

Village or City Fulton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George W Murphy If U. S. Veteran, specify WAR

(a) Residence: No. Fulton Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) Mch 4th

7. AGE Years 76 Months 1864 Days 21 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Laborer

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Geo. W. Murphy

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Caroline Cross

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Norman Murphy (Address) Fulton Md

18. BURIAL, CREMATION, OR REMOVAL Place Emmanuel Cem. Date Mch 27th, 1940

19. UNDERTAKER L Lloyd Kaiser (Address) Laurel Md.

20. FILED 3/27, 1940 S. A. Nichols, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 25 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1940, to March 25, 1940

I last saw him alive on March 25, 1940; death is said to have occurred on the date stated above, at 5 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	?

Other Contributary Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Leola Fishman M. D.

(Address) Ellicott City Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Acting Medical Examiner - Howard County

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED APR 4 1940 U.S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

03234

CERTIFICATE OF DEATH

Reg. Dist. No. 193

1. PLACE OF DEATH:
County Howard
City or town Long Corner
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Howard
City or town Long Corner Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Margaret Ellen Burdette Scott

3. (b) Social Security Number none

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: widow
B (b) Name of husband or wife Samuel Scott
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) May 15 1861

8. AGE: Years 78 Months May Days 20 If less than one day ____ hrs. ____ min.

9. Birthplace Frederick County (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name William Burdette
13. Birthplace Frederick Co.

MOTHER
14. Maiden name Unknown
15. Birthplace Md.

16. Informant Mrs Dora Callham
Address Mt Airy Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 8, 1940 (month) (day) (year)
Cemetery or crematory Howard Chapel Howard Co.
Location Nr. Longcorner Md.

18. Funeral director H. M. Snyder
Address Mt. Airy Md.

19. March 7 1940 (Date rec'd by registrar) E. Paul Mersin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1940, at 5 p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 5 1940, to March 6 1940, and that I last saw her alive on March 6 1940.

Immediate cause of death Cerebral Haemorrhage — DURATION 2 days
Due to Hypertension — unknown
Due to Arterio Sclerosis — unknown
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE George M. Boyer M. D. or other
Address Damascus, Md. Date signed

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APR 4 1940
BUREAU V. S.

03235

STATE OF MARYLAND
CERTIFICATE OF DEATH

83-C

Registration Dist. No. 190

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

County Howard

Village or City Elk Ridge (No. Church Ave St.; Ward)

2 FULL NAME Matilda Waters Social Security number - None

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Col.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6 DATE OF BIRTH August (Month) (Day), 1861 (Year)

7 AGE 78 yrs. 6 mos. ? ds. If LESS than 1 day, ... hrs. OR ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

9 BIRTHPLACE (State or country) Rappahannock - Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (State or country) "

12 MAIDEN NAME OF MOTHER Annie Brown

13 BIRTHPLACE OF MOTHER (State or country) Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles F Waters

(Address) Elk Ridge

15 Filed March 14, 1940 (Miss) E. Bird Williams Local REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 12, 1940 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from —, 1918, to March 2, 1940

that I last saw her alive on several weeks ago 191 -

and that death occurred on the date stated above, at 5 10 A m.

The CAUSE OF DEATH* was as follows:

General arteriosclerosis c cerebral softening

(Duration) 1+ yrs. ... mos. ... ds.

Contributory Secondary Transition - refusal to eat.

(Duration) ... yrs. ... mos. ... ds.

(Signed) Frederick V. Butler -, M. D.

Mch 12, 1940 (Address) Reeg - Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 10+ yrs. - mos. - ds. In the State 50+ yrs. ... mos. ... ds

Where was disease contracted, if not at place of death? ✓

Former or usual residence ✓

19 PLACE OF BURIAL OR REMOVAL Elkridge, Md

DATE OF BURIAL Mar 14, 1940

20 UNDERTAKER Mrs Katie R Williams

ADDRESS 322 N Schroeder St

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*) For persons who have no occupation whatever, write *None.*

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"): *Diphtheria* (avoid use of "Croup";) *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite): *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septichaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED APR 2 BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (14-C)

03236

CERTIFICATE OF DEATH

Reg. Dist. No. 190

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Howard

City or town Near Elkridge Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Balt. Wash. Blvd.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Howard

City or town Savage Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Dorothy A. Willis

3. (b) Social Security Number 213-18-3163

4. Sex	5. Color or race	8.(a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Harry Willis

(c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Sept. 29 - 1900

8. AGE: Years	Months	Days	If less than one day
39 ~~39~~	10	11	hrs. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual occupation Savage Mfg Co.

11. Industry or business

FATHER 12. Name Wm P. Selock

13. Birthplace Va.

MOTHER 14. Maiden name Nancy E. Riley

15. Birthplace Va

16. Informant Harry Willis

Address Savage Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mch-13-40 (month) (day) (year)

Cemetery or crematory Savage Md

Location Savage Md

18. Funeral director Floyd Kaiser

Address Laurel Md.

19. March 12 1940 (Date rec'd by registrar) Mrs. E. Bird Wallace Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 11 1940, at 3:20 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10 - 2 1939, to 3 - 11 1940, and that I last saw her alive on 3 - 11 1940.

	DURATION
Immediate cause of death Acute cardiac Decompensation	3-11-40
Due to Cerebral Thrombosis Collapse	
Due to Labor	
Uterine Hemorrhage & uterine inertia	3-11-40
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B P Warren M. D. or other

Address Laurel Md. Date signed 3-12-40

RECEIVED
APR 9 1948
BUREAU V. S.